

APPENDIX B

PSYCHOLOGICAL FEE SCHEDULE

Before authorizing psychological testing for an assessment for determining eligibility and **priority for services or an assessment for determining** vocational rehabilitation needs, the Counselor is required to determine whether existing information may be available in lieu of special examinations/evaluations. Such evidence must be used if it includes the necessary information and is current. Psychological evidence will be considered "current" as long as it accurately reflects the individual's present condition and functioning.

When existing evidence is unavailable or is not current to document the presence of a disabling mental or behavioral disorder, the Counselor must obtain either: (1) a psychological evaluation; or (2) a mental status examination.

Psychological evaluations may be purchased separately, by individual components, or in certain combinations to meet eligibility determination and IPE planning requirements when adequate evidence is not otherwise available. The Counselor should use professional discretion in selecting tests which most appropriately meet the diagnostic needs of the individual. For example, a complete Psychological Evaluation Category V (vocational interests and aptitudes) is not required for diagnostic purposes, but Counselors may determine that such information is necessary for the provision of essential counseling and guidance services, an assessment of vocational rehabilitation needs (to assess **possible employment outcome goals**) and IPE planning.

Due to individual differences, abilities, and deficits, it may be necessary to substitute **accommodated test** instruments **in lieu of** those **typically indicated**. This is acceptable when the test administrator makes an

advance recommendation to the Counselor justifying the reason for substitution, and the Counselor gives prior approval.

All mental diagnostic and evaluation and therapeutic services are payable at the current approved Medicaid rate, or (if no Medicaid rate has been established for the particular service) at 90% of the usual and customary charge billed by the provider, less all applicable comparable services/benefits and/or financial participation requirements, except vocational interest and dexterity assessment, billable at the following rates.

VOCATIONAL INTEREST AND DEXTERITY TESTS	
TEST INSTRUMENT	REASONABLE FEE
Career Assessment Inventory	\$ 85.00
Strong-Campbell Interest Inventory	85.00
Wide Range Interest Opinion Test (WRIOT)	90.00
Vocational Preference Inventory	65.00
California Occupational Preference System (COPS)	75.00
Self Directed Search	75.00
Purdue Pegboard	70.00
Grooved Pegboard	50.00

The fee which the Vocational Rehabilitation Program will pay for **vocational interest and dexterity** tests not listed above will be determined by the service provider's usual and customary charge.

The following psychological evaluation categories are basic options for confirming mental/behavioral disabilities. These are in addition to any other diagnostics required for the individual.

PSYCHOLOGICAL EVALUATION CATEGORY I

Purpose: To determine intellectual functioning and academic and social skills.

Includes: (1) clinical interview (primarily for history and assessment of social skills);

(2) a standardized individual intelligence test (WAIS-R preferred); and

(3) a standardized individual achievement test.

PSYCHOLOGICAL EVALUATION CATEGORY II

Purpose: to confirm the presence or absence of organic brain syndrome.

Includes: appropriate test(s) to confirm the presence of neuropsychological dysfunction.

Psychological evaluations from category II may be purchased in combination with those from category I. A detailed, in-depth evaluation (such as the Luria-Nebraska or Halstead Reitan) may also be required in some instances. If a more detailed assessment is required the psychologist should request authorization to administer a more in-depth assessment. However, this should not become a routine assessment technique. Screening for this purpose usually includes two (2) screening instruments, such as the Wechsler Memory Scale or the Bender Gestalt.

PSYCHOLOGICAL EVALUATION CATEGORY III

Purpose: to confirm the presence or absence of learning disability.

Includes: (1) neuropsychological screening tests, as appropriate; and

(2) the Woodcock-Johnson Psychoeducational Battery—Revised, or equivalent.

The critical element in diagnosing a learning disability is assessment of the discrepancy between the individual's expected level of achievement,

determined by intelligence testing, and actual levels of academic achievement. It is important that cognitive abilities be assessed. These must be compared to academic achievement in order to determine whether a substantial discrepancy (two years' difference or more) exists between expected and actual achievement. It is important that academic achievement be assessed through visual and auditory modes. Assessment must also be made as to the etiology of academic deficits, as well as the possible presence of emotional or personality disorders.

Psychological evaluation category III may be **provided** in combination with any of categories I, II, and/or IV. Category III requires one additional individual academic achievement test so that, in conjunction with category I, the academic achievement may be assessed by both auditory and visual modes. To confirm the presence of a learning disability, the psychologist may administer evaluations from categories I, II, and IV, as well as from category III. The psychologist will then use combined techniques to make determinations.

If a learning disability exists, the results of the psychological evaluations from category III, or combination of categories, should address:

- (1) the learning disability diagnosis as stated in the most recent edition of the Diagnostic Statistical Manual of Mental Disorders (DSM) or World Health Organization (WHO) nomenclature;
- (2) how functions are impaired by the disorder;
- (3) how these deficits/impairments affect present and future employment potential;
- (4) what specific methods/modes of instruction/learning might be effective;
- (5) whether academic deficits are attributable to causes such as visual, hearing, or motor disability, mental retardation, emotional disturbance, or socioeconomic disadvantage;
- (6) whether additional diagnostic assessment techniques, such as neurological or neuropsychological examinations, are warranted; and

- (7) whether the individual has developed specific techniques to compensate for functional deficits which may be helpful in the development of an individual approach to training, and in defining the need for accommodations.

If these questions cannot be adequately addressed by prescribed tests, the psychologist may request authorization to perform a more in-depth neuropsychological assessment, such as the Luria-Nebraska or Halstead Reitan. However, such in-depth assessments are not to be routinely authorized, and must be strongly supported by existing information.

PSYCHOLOGICAL EVALUATION CATEGORY IV

Purpose: to confirm the presence or absence of mental illness, emotional disturbance, or character disorders.

- Includes:
- (1) a clinical mental status interview to assess—
 - (a) orientation to time, place, person;
 - (b) memory (immediate, short-term, long-term);
 - (c) cognitive processes;
 - (d) perceptual distortions (hallucinations, delusions);
 - (e) disturbance of affect; and
 - (f) psychiatric history, including hospitalizations, medications, and prognosis; and
 - (2) the MMPI, or (if the individual is unable to complete the MMPI), any two of the—
 - (a) Draw-A-Person;
 - (b) Tree-House-Person; and/or
 - (c) Sentence Completion.

A Thematic Apperception Test (TAT) or Rorschach are not required, but may be authorized if a more in-depth assessment is properly justified as necessary and agreed to by the Counselor.

PSYCHOLOGICAL EVALUATION CATEGORY V

Purpose: to provide information about client vocational motivators, such as interest, aptitudes, dexterity, abilities, and values. Test

results can play a role in counseling and guidance and the selection of vocational goals, and may be needed for the development of IPE.

- Includes: (1) one in-depth vocational interest test, such as the Strong-Campbell; and
- (2) one aptitude test or ability test or manual dexterity test or other test, as appropriate.

The choice of instruments administered depends on the appropriate norm group and the individual's stated goals, as well as other characteristics. Counselors and psychologists should select tests to obtain the most relevant vocational information. For individuals with special needs, such as individuals who are blind or hard of hearing, the appropriate substitutions should be made.

The following chart represents combinations of psychological evaluation categories which might be used to document the presence of disability. However, existing evidence must be used in lieu of new testing, and should always be sought first when available and current. The Vocational Rehabilitation Counselor will authorize only what is vocationally relevant and necessary for the individual.

DIAGNOSIS	OPTIONAL EVALUATION CATEGORIES
Psychotic disorders	I and IV
Organic brain syndrome (psychotic)	I, II, and IV
Psychoneurotic disorders	I and IV
Alcoholism/drug addiction	I, II, and IV
Character, personality, and other behavior disorders	I and IV
Learning disability	I, II, III, and IV
Developmental disabilities, mental retardation, and cerebral palsy	I

When Counselors desire basic counseling and guidance/planning information in addition to required prescriptions, specific evaluations, as described in category V, should be requested.

When counseling and guidance and planning information is desired for individuals who have had no other psychological testing and for whom existing information is not sufficient, such information might be provided by purchasing evaluations within categories I and V. Evaluations from category IV might be added to this combination if personality characteristics have a strong influence on vocational selection and planning.

COUNSELOR DIAGNOSTIC RESPONSIBILITIES

When authorizing diagnostic psychological services, the Counselor must identify the purpose as well as the expected outcome in regard to information solicited. Since the type of information needed and provided will be unique to each individual, the Counselor must clearly communicate to the service provider what information is needed.

Because many mental health centers, private psychometrists, psychologists, and psychiatrists have their own preferred forms, the Vocational Rehabilitation Program has not developed a required form. When authorizing psychological services through service providers who do not use their own form, the Counselor should include a letter which details the reason for referral (to confirm a specific disability, in which case the diagnosis must be stated, or to determine if the individual can benefit from specific types of training, etc.). The letter must request:

- (1) the diagnosis;
- (2) a determination of the prognosis (e.g., "individual is chronically disabled and will likely not improve functionally in a way that employment or training is feasible," or "the individual's response to treatment is good; with additional treatment, counseling and guidance, and training, return to employment is feasible");
- (3) the vocational implications of the disability (if present, whether or not any vocations are contraindicated by functional limitations);

- (4) the individual's essential strengths and weaknesses;
- (5) if specific training is contemplated, whether the individual is intellectually and emotionally able to benefit from this training in terms of improved employability; and
- (6) if authorizing evaluations in category V, what the recommendations for feasible vocational plans/vocational goals are, and how closely vocational interests match actual abilities.

Such communication must accompany the authorization and must be sent in advance of the diagnostic appointment.

MENTAL RESTORATION—COUNSELOR RESPONSIBILITIES

Before authorizing mental restoration therapy, the Counselor must obtain an evaluation and recommendation for treatment from a qualified practitioner. The Counselor may then authorize up to the number of sessions recommended as a result of the evaluation process. A written progress report must be obtained at least once every two months and a final written report must also be provided upon completion of therapy.

If additional therapy is recommended in the final report, the Counselor must **document the progress made to date**, the vocational relevance and necessity for **continuing treatment**, **the progress anticipated**, its anticipated duration, and the desired outcome(s).

It is not the mission of the Vocational Rehabilitation Program to provide ongoing mental health services, and any mental restoration services provided with program funds must focus on specific vocational objectives. If the final report indicates the need for ongoing treatment, the Counselor and individual must explore long-term service options, such as community mental health services and insurance.